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Bib Data Sheet

CONFIRMATION NO. 6064

<b>SERIAL NUMBER</b> 09/997,346	<b>FILING DATE</b> <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY</b> <b>DOCKET NO.</b> P01,0310
<b>APPLICANTS</b> Karl Engelhard, Erlangen, GERMANY; Rainer Kuth, Herzogenaurach, GERMANY; Hans-Peter Hollenbach, Eggolsheim, GERMANY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <input checked="" type="checkbox"/> Allowance Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR</b> <b>COUNTRY</b> GERMANY	<b>SHEETS</b> <b>DRAWING</b> 1	<b>TOTAL</b> <b>CLAIMS</b> 17
<b>INDEPENDENT</b> <b>CLAIMS</b> 1				
<b>ADDRESS</b> 26574				
<b>TITLE</b> Method for minimally invasive prostate tumor treatment				
<b>FILING FEE</b> <b>RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	